

Superior Court of Washington, County of _____

State of Washington,
Plaintiff

vs.

_____,
Defendant

DOB: _____

Case No.

**Order Dismissing Felony Charges and
Directing Civil Commitment Evaluation
(ORDDCCE)**

Clerk's Action Required: 4, [] 7

The court considered the following:

- [] The evaluation report, dated: _____
- [] The agreement of the parties.
- [] Other: _____

The court (or with respect to section 1, the court or jury) makes the following findings of fact and conclusions of law:

Findings of Fact

1. Incompetency. [] The court [] The jury finds that as a result of mental disease or defect, the defendant lacks the capacity to:

- [] understand the nature of the proceedings against themselves; and/or
- [] assist in their own defense.

The defendant is incompetent pursuant to RCW 10.77.010 and 10.77.050.

2. Restorability. The defendant [] did [] did not undergo competency restoration.

- [] The defendant is unlikely to regain competency in a reasonable period of time.
- [] The defendant is statutorily ineligible for further competency restoration.
- [] Other: _____

3. **Felony Charge.** The defendant is charged with the felony offense/s of: _____

The Court Orders:

4. **Dismissal Without Prejudice.** This case is dismissed without prejudice.

5. **Commitment for Civil Commitment Evaluation.** For the purpose of filing a civil commitment petition under chapter 71.05 RCW, the defendant is committed to the state hospital for up to:

☐ 72 hours for evaluation, if the defendant previously engaged in inpatient competency restoration services for this case,
OR

☐ 120 hours for evaluation, if the defendant has not undergone competency restoration services or has engaged in outpatient competency restoration for this case.

The 72 or 120 hours starts from admission to the state hospital, but excludes Saturdays, Sundays, and legal holidays.

6. **Admission to State Hospital.**

☐ The defendant shall be held in the jail/detention facility for a maximum of 14 days from DSHS receiving the court order, or a maximum of 21 days from signature of this order, pending admission to the state hospital for civil commitment evaluation. The defendant shall be transported to the state hospital as agreed by the state hospital and the jail/detention facility.

☐ The defendant is currently in the state hospital and no further transport is needed.

☐ Other: _____

7. A copy of this order shall be emailed to DSHS within 24 hours by the

☐ moving party ☐ county clerk.

Dated: _____

Judge

Print Name: _____

Approved as to form

Approved as to form

Deputy Prosecuting Attorney

Print Name: _____

WSBA No. _____

Attorney for the Defendant

Print Name: _____

WSBA No. _____

Contact and distribution list (contact information including name, email address, phone, and/or fax number, should be included to receive scheduling communications and/or reports).

1. State Hospital/DSHS

[] Eastern State eshfsuadmin@dshs.wa.gov

[] Western State ofmhscourtorders@dshs.wa.gov

[] DSHS/Child Study and Treatment Center cstcforensicsteam@dshs.wa.gov

2. Ordering Court _____

3. Jail/Detention Facility _____

4. DCR _____

5. Prosecuting Attorney _____

6. Defense Attorney _____

7. Alternate contact for defense _____

8. Other _____